

12/29/00

Jc961 U.S. PTO

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**(Only for new nonprovisional applications  
under 37 CFR 1.53(b))

Title of Invention

Methods and Compositions for Improved Delivery  
Devices

Named Inventor(s)

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Lance D. Hopman

Attorney Docket

41946-251368 (01005-0121)

Express Mail Label No.

EL561427445US

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09/752939

12/29/00

**APPLICATION ELEMENTS**

1. ☐ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims Small Entity status
3. ☒ Specification, Claims,  
and Abstract Total Pages 65
4. ☒ Drawings Total Sheets 4
5. Oath or Declaration Total Pages  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16  
completed)  
The entire disclosure of the prior application, from which  
a copy of the oath or declaration is supplied under Box  
5b, is considered as being part of the disclosure of the  
accompanying application and is hereby incorporated  
by reference therein.  
(i) ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior  
application, see 37 CFR 1.63(d)(2)  
and 1.33(b).
6. ☐ Microfiche Computer Program (Appendix)

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231**ACCOMPANYING APPLICATION PARTS**

7. ☐ Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of  
above copies
8. ☐ Assignment:
  - a. ☐ Assignment Papers (cover sheet &  
document(s))
  - b. ☐ Assignment is of record in parent  
application No. \_\_\_\_\_
9. ☐ 37 CFR 3.73(b) Statement  
(when there is an assignee)  
☐ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS) PTO-  
1449  
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
15. ☐ Other: \_\_\_\_\_

16. If a
- CONTINUING APPLICATION**
- , check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Recite complete dependency back to first parent application: \_\_\_\_\_

17. CORRESPONDENCE ADDRESS:

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Reg. No. 39,771